

# DEVELOPMENTS IN INDIAN NOSOGRAPHY IN THE MADHAVANIDANA

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**ABSTRACT:** Although Madhava's Rogaviniścaya commonly referred to as Madhavanidana, is largely based on earlier treatises, it has a stamp of its own, by virtue of its description of new diseases absent from earlier works. For instance, two diseases viz., 1) Sula 2) visphota are recognised as independent entities for the first time by Madhava. The description of the dosic type of Sula more extensive than that found in Suśruthasamhitha is followed by a depiction of two varieties called Parinamasula and Annadravasula both unknown in earlier medical treatises. So also, while visphota are only cursorily mentioned in the early Samhithas, Madhava confers an independent status on these group of applications. Credit goes to Madhava for having dealt with for the first time new diseases like amavatha, sitapitta, Amalapitta, Masurika, and yonikanda. Thus, in short, by identifying new diseases distinct from earlier Samhithas Madhavanidana stands out as a treatise of a class by itself testifying to positive contribution of Madhava to Indian Nosography.

Mādhava's Rogaviniścaya<sup>1</sup>, usually referred to as the Mādhavanidāna, has been underestimated by those describing it as a methodical arrangement of passages from the works of Caraka, Suśruta, and Vāgbhata<sup>2</sup>, or as a compilation from these sources<sup>3</sup>. Though it is a well-established fact that Mādhava extracted the greater part of the verses contained in his Nidāna from earlier treatises<sup>4</sup>, one of his substantial contributions to Indian medicine consists of the description of new diseases, absent from earlier works, and the development of some disorders, which were not recognized as fully independent by his predecessors or only sketchily characterized by them, into autonomous nosological entities. These innovations became highly influential and were almost universally acknowledged by later writers. Two diseases are recognized as independent entities for the first time by Mādhava, 1) śūla (disorders characterized by lancinating pains), and 2) visphoṭa (disorders characterized by a vesicular eruption).

1) The Caraka<sup>5</sup>-and Aṣṭāṅgahrdaya-samhita<sup>6</sup>, as well as the Aṣṭāṅgasamgraha<sup>7</sup>,

are silent on śūla, whereas it is described in Suśruta's<sup>8</sup> chapter on the therapy of gulma (Uttara 42), though firstly as a secondary affection in that disease and only secondly as a separate entity. Mādhava's chapter on śūla (26), made up twenty-two verses probably composed by himself, characteristically precedes that on gulma and contains not a single reference to a relationship between the two. The description of the dosic types of śūla, more extensive than that found in the Suśruthasamhitā, is followed by a depiction of two varieties, called parināmaśūla (which manifests itself during the digestion of food) and annadravaśūla (which appears independently of the digestive process), both unknown in earlier medical treatises. The Hārītasamhitā<sup>9</sup> devotes a separate chapter to śūla (III, 7), but I regard this text as later in date than the Mādhavanidāna. The Kaśyapasamhitā<sup>10</sup>, probably earlier than the Rogaviniścaya, has a chapter on śūla (Khila 18) that is closer to Suśruta than to Mādhava.

2) The disorders characterized by a vesicular eruption (visphoṭa) are not absent from the early samhithās, but are only



cursorily mentioned there. In the Caraka-saṃhitā they form part of the group of swellings (śvayathu), together with herpes zoster (kakṣā) and other skin-eruptions (Cikitsā 12), whereas the Suśrutasaṃhitā (Nidāna 13), Aṣṭāṅgahrdayasaṃhitā (Uttara-31) and Aṣṭāṅgasamgraha (Uttara 36) regard them as one of the many kṣudrarogas. Mādhava, however, confers an independent status on this group of vesicular affections and devotes a separate chapter (53) to them, consisting of eleven verses which, except for one, are probably of his own making.

New diseases, appearing for the first time in Mādhava's Rogaviniścaya, are āmavāta, medoroga, śītapitta, amlapitta, masūrikā, yonikanda.

1) The disease called āmavāta (rheumatoid arthritis), absent from the works by Caraka, Suśruta, and Vāgbhaṭa, is described in a separate chapter (25) of twelve verses which were probably composed by Mādhava. Though Mādhava's concept of āmavāta has generally been accepted by later authors, its description, independent from Mādhava, as found in the Hārītasamhitā (III, 21), and proves that different traditions concerning this disease once existed.

2) The entity, called medoroga (obesity), is not mentioned as a distinct illness in earlier texts. Mādhava presents the nidāna and samprāpti of medoroga in four verses which may be his own, followed by five śloka from Caraka (Sūtra 21), and these two parts of the chapter (34) do not fit together very well because the same matter is dealt with twice.

Mādhava made medoroga into an independent nosological entity, though it was not Caraka's aim—and the same applies to Suśruta (Sūtra 15) and Vāgbhaṭa (Aṣṭāṅgahrdayasaṃhitā, Sūtra 14; Aṣṭāṅgasamgraha, Sūtra 24)—to delineate a disease, but to characterize a type of person, prone to afflictions of various kinds owing to his fatness.

3) An illness called śītapitta (urticaria), not recorded in earlier texts, is described by Mādhava in a short chapter (50) of six verses, the first five of which may be his

own, whereas the sixth has been borrowed from Vāgbhaṭa (Aṣṭāṅgahrdayasaṃhitā, Uttara 31; Aṣṭāṅgasamgraha, Uttara 36). The same chapter contains the characteristics of udarda (a variety of urticaria, possibly urticaria e frigore), koṭha, and utkoṭha (two types of an exanthematous, itching eruption), terms known from the early saṃhitās.

Mādhava deals with śītapitta and udarda, along with koṭha and utkoṭha, as a group of interrelated affections which are characterized by the appearance of a great number of red and itching round spots on the skin. Swelling and general symptoms, which usually attend śītapitta and udarda, seem to be absent in cases of koṭha and utkoṭha, caused in particular by the improper administration of emetics.

4) The term amlapitta seems to denote mostly a symptom and not a disease in the early saṃhitās (Caraka, Sūtra 26, 43 and Cikitsā 15, 47; Aṣṭāṅgahrdayasaṃhitā, Nidāna 5, 42; Aṣṭāṅgasamgraha, Nidāna 5, 44), whereas Mādhava describes it as an independent disorder (corresponding to a dyspepsia, accompanied by vomiting, diarrhoea, or spitting of blood) in a separate chapter (51) of twelve verses which may be his own. The short chapter on amlapitta in the Hritasaṃhitā (III, 24) may partly have been inspired by the Nidāna since the upwards and downwards moving types of this disorder, distinguished by Mādhava, are known to it, but it is dissimilar in other respects. The concept of amlapitta in the Kaśyapaśaṃhitā, where a whole chapter (16) of the Khilasthana is devoted to it, has not been influenced by Mādhava, which proves that this nosological entity has not been exclusively developed by the latter. The upwards and downwards moving varieties are absent in the Kaśyapaśaṃhitā and the dosic types distinguished are not identical with those described by Mādhava. Moreover, the fact is stressed that the disease particularly arise in a marshy (ānūpa) country, which explains that it should be treated with medicinal substances from a Jāṅgala region. In cases that there is no cure by these means the patient is advised to move to another type of country. The editions of the Nidāna usually add a des-

cription of śleṣmapitta to the chapter on amlapitta, but, since the commentators are silent on it, one may safely assume that this verse did not belong to the text originally and was added later.

5) Very important is the fact that Madhava is the first author to give a long description of masūrik (smallpox, chickenpox, and other infectious eruptive fevers). A disorder of this name is only succinctly characterized, as a variety of śvayathu (swelling), in a single verse of the Caraka-saṃhita (Cikitsa 12), along with a related disorder, called romāntikā, whereas Suśruta (Nidāna 13) and Vagbhata (Aṣṭāṅgahṛdaya-saṃhita, Uttara 31; Aṣṭāṅgasamgraha, Uttara 36) regard it as one of the kṣudra-

rogas. Neither the Kaśyapa-, nor the Hārītasamhita deal with it as an important autonomous disease. The Nidana on the other hand, has a chapter (54) of thirty-one verses, probably by Madhava, on masurika, and distinguishes several types, among which also romantika figures. Since the time Madhava dwelt at length on it, this illness has remained an important topic in most medical treatises.

6) The disease called yonikanda has not been described before Madhava, who deals with it in a short chapter (63) of four verses. This disorder, especially prevalent in older women according to śrīkanṭha-datta's comment in the Vyākhyāmadhukośa, corresponds to a prolapse of the uterus.

#### REFERENCES

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- 3) D.M. Bose, S. N. Sen and B. V. Subbarayappa (Eds.), A concise history of science in India, p. 227. New Delhi 1971.
- 4) Among these Ravigupta's Siddhasāra deserves special mention, because it has been overlooked as one of Madhava's sources until recently. see R. E. Emmerick's review of the present author's the Madhavanidana and its chief commentary (Leiden 1974) in the Bulletin of the School of Oriental and African Studies 38, 3, 1975, p. 649-650, and R.E. Emmerick's edition of the Sanskrit text of the Siddhasāra (Wiesbaden 1980).
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